

# Asian American Cultural Center

where East meets West

11713 Jollyville Road, Austin, TX 78759  
Tel: (512)336-5069 Fax: (512)336-5075

## MEMBERSHIP APPLICATION FORM

(AMOUNTS SHOWN BELOW ARE ANNUAL FEES)

\_\_\_ Family (\$30) ; \_\_\_ Individual (\$15) ; \_\_\_ Corp. Staff (\$10) ; \_\_\_ Student (\$5)

### Principal Member's information:

Name: \_\_\_\_\_ (\_\_\_\_\_)  
                    First                    M.I.                    Last                    Names in your own language (optional)

Address: \_\_\_\_\_  
                                    Street number                                    City                                    State                                    Zip

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      Gender: Male / Female  
                    MM            DD            YY    Please circle

Home Phone: (\_\_\_\_) \_\_\_\_\_                      Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_                      E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_  
                                    Name and Address

### Members of the family (including spouse):

First name                      Last name                      Birthday                      Sex                      Names in own language (optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Membership Benefits: As our member, you and your family will get 10% discount of all classes you register, rent our different spaces, free admission for special parties, and festivals.*

I hereby submit application to *Asian American Cultural Center* for membership. I (and members of my Family in case of applying for Family or Corp. Staff Membership) agree to abide by the Rules, Regulations and the mission of the *Center*.

\_\_\_\_\_  
Signature of Principal Member

\_\_\_\_\_  
Date

After you have completed this form, please return it to the *Asian American Cultural Center* together with a check for the Membership Fee.

### Office use only

Date App. received: \_\_\_\_\_                      Membership # \_\_\_\_\_

Annual Fee received: \$ \_\_\_\_\_                      Number of Membership Cards issued: \_\_\_\_\_

Date Membership approved: \_\_\_\_\_                      Date Membership Card(s) dispatched: \_\_\_\_\_

Notes: \_\_\_\_\_

MEM \_\_\_\_\_                      COO \_\_\_\_\_                      PRE \_\_\_\_\_